

# **DIVORCE, LEGAL SEPARATION, ANNULMENT WITH MINOR CHILDREN**

# **1**

## **Temporary Orders**

**Part 1: Completing and Filing  
the Court Papers  
(Forms Packet)**

© Superior Court of Arizona in Maricopa County  
April 19, 2002  
ALL RIGHTS RESERVED  
DRTMC1fc - 5030



## SELF SERVICE CENTER

### TEMPORARY ORDERS IN DIVORCE, LEGAL SEPARATION, ANNULMENT CASES WITH MINOR CHILDREN

#### PETITION AND FILING COURT PAPERS

##### How to assemble these documents

This packet contains court forms for temporary orders in a divorce, legal separation, or annulment cases with minor children. Be sure the documents are in the following order:

| Order | File Number | Title   | No. Pp. |
|-------|-------------|---|---------|
| 1     | DRTMC1ft    | Table of forms in this packet   | 1       |
| 2     | DRTMC1k     | Checklist to file   | 1       |
| 3     | DRTMC11f    | <i><b>"Petition for Temporary Orders"</b></i>   | 4       |
| 4     | DROSC14f    | <i><b>"Family Court Department Notice About Returns/Conferences in Commissioners' Courts"</b></i> | 1       |
| 5     | DROSC11f    | <i><b>"Family Court Department Notice About Temporary Orders"</b></i>                             | 1       |
| 6     | DRT12f      | <i><b>"Order to Appear"</b></i>   | 1       |
| 7     | DROSC13f    | <i><b>"Affidavit of Financial Information"</b></i>  | 7       |
| 8     | DRCVG11f    | <i><b>"Parenting Plan"</b></i>  | 5       |
| 9     | DRS12f      | <i><b>"Parent's Worksheet for Child Support"</b></i>  | 7       |
| 10    | DRTMC82f    | <i><b>"Temporary Order"</b></i>   | 4       |
| 11    | DRS82f      | <i><b>"Order of Assignment"</b></i>   | 1       |
| 12    | DRS89f      | <i><b>"Judgment Data Sheet"</b></i>   | 1       |

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

## SELF SERVICE CENTER

# PETITION FOR TEMPORARY ORDERS DIVORCE, LEGAL SEPARATION, ANNULMENT WITH MINOR CHILDREN

## CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ You or your spouse filed a petition for divorce, legal separation, or annulment, **AND**
- ✓ You and your spouse have minor children with each other **OR** the wife is pregnant by the husband **or** will be pregnant by the husband before the divorce is over, **AND**
- ✓ You need temporary court orders about property or debt, spousal maintenance/ support, child custody, visitation, or child support while you wait for the divorce, legal separation, and/or annulment to be final.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent  
Attorney Bar Number (if applicable): \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner

Case Number: \_\_\_\_\_

**PETITION FOR TEMPORARY ORDERS  
WITH CHILDREN**

\_\_\_\_\_  
Name of Respondent

Check all that apply:

- ☐ For Spousal Maintenance/Support  
☐ For Property and/or Debt  
☐ For Child Custody/Visitation  
☐ For Child Support  
☐ Other: \_\_\_\_\_

**REQUIRED INFORMATION, UNDER OATH:**

1. **INFORMATION ABOUT THE PETITION FOR DISSOLUTION or LEGAL SEPARATION or ANNULMENT.** (You cannot file a Petition for Temporary Orders unless you or your spouse have filed, or will file at the same time you file **this** paperwork, all the paperwork for a divorce or legal separation or annulment)
  - A. Date Petition for Dissolution of Marriage or Legal Separation or Annulment was filed: \_\_\_\_\_
  - B. Name of court where Petition was filed: \_\_\_\_\_
  - C. Information about court hearing scheduled for that Petition (if hearing is scheduled):
    - 1) DATE and TIME OF HEARING: \_\_\_\_\_
    - 2) NAME OF JUDICIAL OFFICER TO HEAR CASE: \_\_\_\_\_
2. **INFORMATION ABOUT OTHER TEMPORARY ORDERS.** To the best of my knowledge, no temporary orders regarding these matters have been entered in any other court, and no court proceedings are pending for temporary orders. ☐ Check this box if this statement is true. **If it is not true, do not check the box, do not file this paperwork and see a lawyer for help.**

**THIS IS WHAT I WANT THE COURT TO ORDER:** Check the box in front of each item that you want. If you do not want the court to enter an order for that item, do not check the box.

3. ☐ **SPOUSAL MAINTENANCE/SUPPORT:** An order requiring my spouse to pay a reasonable sum for spousal maintenance/support as determined by the **"Affidavit of Financial Information"** I am submitting with this Petition.

4. ☐ **MEDICAL INSURANCE AND/OR COSTS:** An order requiring my spouse to provide medical and dental insurance for me and our child(ren), **at no cost** to me, **OR** to pay all the medical and dental expenses reasonably incurred by me for myself and our minor child(ren).
5. ☐ **PROPERTY:** An order granting the exclusive use and possession of the following property:
- A. To me:
- ☐ Residence located at: \_\_\_\_\_
- ☐ Car described as: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- B. To my spouse:
- ☐ Residence located at: \_\_\_\_\_
- ☐ Car described as: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
6. ☐ **DEBTS:** An order requiring payment of debts, until further order of this court, as follows (attach additional pages if necessary):
- A. **DEBTS TO BE PAID BY ME:**
- | DEBT  | AMOUNT | TO WHOM OWED |
|-------|--------|--------------|
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |
- B. **DEBTS TO BE PAID BY MY SPOUSE:**
- | DEBT  | AMOUNT | TO WHOM OWED |
|-------|--------|--------------|
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |
7. ☐ **INFORMATION ABOUT OUR CHILD(REN):**
- |                            |                            |
|----------------------------|----------------------------|
| Name: _____                | Name: _____                |
| Social Security No.: _____ | Social Security No.: _____ |
| Birth date: _____          | Birth date: _____          |
| Current Address: _____     | Current Address: _____     |
| County of residence: _____ | County of residence: _____ |
| Father: _____              | Father: _____              |
| Mother: _____              | Mother: _____              |
| Name: _____                | Name: _____                |
| Social Security No.: _____ | Social Security No.: _____ |
| Birth date: _____          | Birth date: _____          |
| Current Address: _____     | Current Address: _____     |
| County of residence: _____ | County of residence: _____ |
| Father: _____              | Father: _____              |
| Mother: _____              | Mother: _____              |

8. ☐ **CHILD CUSTODY:** The temporary care, custody and control of the minor child(ren) common to, or adopted by, me and my spouse is to be awarded to ☐ me or ☐ to my spouse.
9. ☐ **VISITATION:** Temporary visitation with the child(ren) as follows (be specific):
- ☐ **TRANSPORTATION.** ☐ Mother or ☐ Father shall pick-up the child(ren).  
☐ Mother or ☐ Father shall return the child(ren).
- ☐ **WEEKENDS** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **SUMMER MONTHS** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **HOLIDAYS AND BIRTHDAYS:** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **TELEPHONE CALLS:** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **OTHER:** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. ☐ **CHILD SUPPORT:** An order requiring my spouse to pay me a reasonable sum for child support as determined by the current guidelines for child support, and according to the ***"Parent's Worksheet for Child Support"*** that I am submitting with this Petition.
11. ☐ **BASIS FOR REQUEST:** (Check the box if you want child support, spousal maintenance/ support, or medical insurance premiums paid or reimbursed.) This request is based on the best interests of the minor child(ren), and/or on my inability to support the minor child(ren) and/or my self or maintain this action without financial assistance from my spouse, and because my spouse refuses to voluntarily provide support for the family.
12. ☐ **OTHER REASONS AND/OR OTHER REQUESTS:** (Please explain here in detail what else if anything you want the judge to order on a temporary basis and why you need the order)  
\_\_\_\_\_  
\_\_\_\_\_

## REQUESTS TO THE COURT, UNDER OATH:

1. To enter a temporary order granting for what I requested.
2. For any other orders of the court that are just.

## OATH AND VERIFICATION:

STATE OF ARIZONA     )  
County of Maricopa    ) ss.

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED:\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_.

My Commission Expires:

NOTARY PUBLIC:\_\_\_\_\_

**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY**  
**Family Court Department Notice**  
**Notice about “Returns”/Conferences in Commissioners’ Courts**

Approved July 1, 1997/Revised June 9, 1998

This notice applies to **all** proceedings and must be served with the **“Order to Show Cause”**  
and/or **“Order to Appear”** (except in IV-D child support cases by DES/DCSE)

**GENERAL INFORMATION:** Due to an increase in demand for time on commissioner calendars, as well as the reduction in resources available, the Family Court commissioners will set EVERY **“Petition for Temporary Orders”** and other requests for evidentiary hearings for a 15 minute “return”/status conference before setting a hearing.

**REQUIREMENTS APPLICABLE TO THE RETURN:** The attached **“Order to Appear”/“Order to Show Cause”** is a return only. Here is what the parties and attorneys must know about the return/status conference:

1. **Documents:** Not later than 3 judicial days before the date of the return, the parties shall exchange current, complete, and verified **“Affidavits of Financial Information,”** along with supporting documents. Failure to do so may result in sanctions.
2. **Failure to Appear:** This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.
3. **Conduct of Return/Status Conference:** If both parties appear, they must be prepared to advise the court of the issues resolved, as well as the issues which remain disputed. Each party shall be prepared to state his or her position on each issue. The court may schedule discovery, disclosure and any other matter necessary to assist the litigants at the subsequent hearing. The court may also enter an Order as to scope and duration of the hearing, including witnesses and documents which may be offered at hearing.
4. **Ability to Schedule Further Proceedings:** Parties and counsel attending the return/ status conference shall have in their possession a schedule of their availability. They shall be prepared to advise the court of any periods of non-availability in the six weeks after the return date.
5. **Duty to Meet Prior to Return:** Except where a party has obtained an **“Order of Protection”** or other Order of the court prohibiting contact, the parties shall meet and confer at least 24 hours prior to the return. In cases where an attorney has been retained, the attorney shall make a reasonable effort to meet with and confer with the opponent at least 24 hours prior to the return.

**WARNING.** All litigants and counsel are cautioned that failure to notify the court of settlement in a timely manner may result in the imposition of sanctions.



# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

## Family Court Department Notice

August 1, 1995 and revised June 9, 1997

This notice applies to **all** temporary orders proceedings and **must** be served with the ***“Order To Show Cause”*** and/or ***“Order to Appear”*** (except in IV-D child support cases by DES/DCSE)

### 1. NOTICE ABOUT TEMPORARY ORDERS:

- A. Parties Representing Themselves in Court.** Parties representing themselves will be sworn and shall state their position under oath. The judge will ask questions as necessary.
- B. Parties Represented by Attorneys.** In lieu of the above, attorneys who represent parties will state the party(ies)' position as to all contested matters by avowal.
- C. General Information.** No hearing will be allowed more than 45 minutes. If you are late for either hearing or cause any other delay, your hearing will be shortened to fit the amount of time scheduled.

### 2. NOTICE TO ALL RESPONDENTS ABOUT PAYMENT OF COURT FEES:

You can object to what the Petitioner asks for, but you will not be allowed to ask for any additional orders **unless, before the hearing**, you have paid the filing fee for a “Response” or “Appearance”, or the fee is deferred by the court. Bring written proof with you to the hearing that you paid, or were not required to pay, the court fee at this time. This means that you need a copy of the receipt, or a copy of the order deferring fees.

### 3. REQUIRED DOCUMENTS:

If either party is asking for child custody, spousal maintenance/ support (alimony), child support, or property/debt protection, each party must exchange with the other a complete ***“Affidavit of Financial Information”*** with all supporting documents. If you are asking for child support, you must also complete and exchange the ***“Parent’s Worksheet for Child Support.”*** If you want help completing the Parent’s Worksheet, you can call the Family Court Clerk Services at 602-506-3762 for an appointment. (You can get copies of these documents at the Self-Service Center at either the downtown Phoenix or Southeast (Mesa) Superior Court location.) Complete and exchange the documents at least **3** court days before the hearing or the judge might not allow you to present that part of your case. You will only be allowed to give the judge your copy of the ***“Affidavit of Financial Information”*** and up to 5 supporting documents, and the ***“Parent’s Worksheet for Child Support,”*** if you gave everything to the other party at least **3** court days before the hearing.

### 4. EXCEPTIONS:

If you want to be allowed to do something other than what is required in items 1, 2, and 3 above, you must put your request in writing as follows:

- **IF YOU ARE THE PETITIONER:** Put your request in writing **in the petition** for the ***“Order to Show Cause”*** also called ***“Order to Appear.”***
- **IF YOU ARE THE RESPONDENT:** Put your request in writing **to the judge** and provide a copy to the other party at least 5 court days before the hearing.

### 5. COURT REPORTER and/or COURT INTERPRETER:

You must request a court reporter and/or court interpreter at least **5** court days before the hearing. (Call the judge’s staff and tell him or her that you need a court reporter and/or interpreter.) **AVISO:** Todo pedido de interprete judicial se hará con por lo menos un día hábil de antelación.

### 6. REASONABLE ACCOMMODATION:

You must make a request for reasonable accommodation under the Americans with Disabilities Act at least **3** court days before the hearing.

### 7. JUDGE OR COMMISSIONER:

Commissioners generally hear cases about temporary orders. All references to “judge” in this notice applies to commissioners.

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without Attorney) OR Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner,  
  
and  
  
\_\_\_\_\_  
Name of Respondent.

Case Number: \_\_\_\_\_

**ORDER TO APPEAR  
FOR PETITION FOR  
TEMPORARY ORDERS**

**READ ME: This is an important Court Order that affects your rights. Read this Order carefully.  
If you do not understand this Order, contact a lawyer for help.**

Based on the "*Petition for Temporary Orders*," the documents filed with it, and pursuant to Arizona Law,

**IT IS ORDERED THAT YOU** \_\_\_\_\_ appear at the  
time and place stated below so the court can determine whether the relief asked for in the "*Petition for  
Temporary Orders*" should be granted.

**INFORMATION ABOUT COURT HEARING TO BE HELD:**

NAME OF JUDICIAL OFFICER: \_\_\_\_\_  
DATE AND TIME OF HEARING: \_\_\_\_\_  
PLACE OF HEARING: \_\_\_\_\_

**IT IS FURTHER ORDERED** that a copy of this "*Order to Appear*" and a copy of the Petition and  
documents filed with the Petition shall be served by the party initiating the action, on the parties who are  
required to appear and a copy of these documents shall be mailed immediately to parties who have appeared  
in this action, in accordance with Arizona Rules of Civil Procedure, Rule 5.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge  
or Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: \_\_\_\_\_  
Judge/Commissioner of the Superior Court

**READ ME.** This is a 15 minute proceeding with the court. The court will determine if more time is needed.  
**All parties, whether represented by attorneys or not, must be present.** If there is a failure to appear, the  
court may make such orders as are just, including granting the relief requested by the party who does appear.

Person Filing: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Person Filing Document is ☐ Self (With no Lawyer) or Attorney for ☐ Petitioner or ☐ Respondent  
(For Attorneys Only) State Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

Case No. \_\_\_\_\_  
Name of Petitioner \_\_\_\_\_  
**AFFIDAVIT OF FINANCIAL INFORMATION**  
AND  
Affidavit of \_\_\_\_\_  
(Name of Person Whose Information is on this Affidavit)  
Name of Respondent \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT THIS DOCUMENT**

- 1. WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party, and to the judge. If you do not do this, the court may order you to pay a fine.
- 2. SIGN THIS DOCUMENT IN FRONT OF A NOTARY PUBLIC:** After you fill in all the information you are asked to fill in this document, go to a Notary Public or to the Clerk of Court and sign the Affidavit in the space below. Do not sign this document until you are in front of the Notary Public or Clerk of Court. You will need picture identification when you sign.

State of Arizona                    )  
County of Maricopa               )ss.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge might order sanctions against me, including assessment of fees for fines under Rule 11 of the Arizona Rules of Civil Procedure.

\_\_\_\_\_  
Signature of Person Making Affidavit

Sworn to before me on (date)\_\_\_\_\_, by \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Notary Public

## INSTRUCTIONS

1. **Complete the entire Affidavit in black ink.** If there is not enough space provided on this form, use separate sheets of paper to complete the answers and attach them to the Affidavit. Number and label any attached answers to match those on the Affidavit form.  
Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.  
YES ☐ NO ☐ 1. I listed all sources of my income.  
YES ☐ NO ☐ 2. I attached copies of my two (2) most recent pay stubs.  
YES ☐ NO ☐ 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

### 1. GENERAL INFORMATION:

- A. Name: \_\_\_\_\_
- B. Current Address: \_\_\_\_\_
- C. Social Security Number: \_\_\_\_\_
- D. Date of Birth: \_\_\_\_\_
- E. Other Party's Social Security Number: \_\_\_\_\_
- F. Other Party's Date of Birth: \_\_\_\_\_
- G. Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
- H. Full names of child(ren) common to the parties (in this case), their dates of birth and Social Security Number(s):

| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|
|------|---------------|------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- I. The name, date of birth, relationship to you and gross monthly income for each individual who lives in your household:

| Name | Date of Birth | Relationship to you | Income |
|------|---------------|---------------------|--------|
|------|---------------|---------------------|--------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- J. Any other person for whom you contribute support:

| Name | Age | Relationship to you | Where person lives |
|------|-----|---------------------|--------------------|
|------|-----|---------------------|--------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

## EMPLOYMENT INFORMATION

- A. Your job/occupation/profession/title: \_\_\_\_\_  
Name and address of current employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date current employment began: \_\_\_\_\_  
How often are you paid: \_\_\_\_\_  
Weekly \_\_\_\_\_ Every-other week \_\_\_\_\_ Monthly \_\_\_\_\_ Twice a month \_\_\_\_\_ Other \_\_\_\_\_
- B. If you are not working, why not? \_\_\_\_\_
- C. Previous employer name and address: \_\_\_\_\_  
Previous job/occupation/profession/title: \_\_\_\_\_  
Date previous job began: \_\_\_\_\_  
Date previous job ended: \_\_\_\_\_  
Gross monthly pay at previous job: \$ \_\_\_\_\_
- D. Total gross income from last three (3) years' tax returns (attach copies of page 1 and 2 of your federal income tax returns for the last three (3) years):  
Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

### 3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: \_\_\_\_\_  
B. College: \_\_\_\_\_  
C. Post-Graduate: \_\_\_\_\_  
D. Occupational Training: \_\_\_\_\_

### 4. ASSETS:

- |   |          |
|---|----------|
| A. Cash (including uncashed checks)/Traveler's check                      | \$ _____ |
| B. Cash in financial institutions/banks                                   | \$ _____ |
| C. Stocks, bonds, securities  | \$ _____ |
| D. Insurance policy cash surrender value                                  | \$ _____ |
| E. Funds owed to you by others<br>(including accounts receivable)         | \$ _____ |
| F. Funds held for you by others<br>(including inheritance(s) or trust(s)) | \$ _____ |
| G. Unpaid bonus   | \$ _____ |
| H. Other  | \$ _____ |
| <b>TOTAL:</b>   | \$ _____ |

**5. YOUR GROSS MONTHLY INCOME:** List **all** income you receive from **any** source, whether private or governmental, taxable or not, including, but not limited to, the following. Mark each space with the correct amount or with "0" if none. List all income payable to you individually or payable jointly to you and your spouse. Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

|               |  |          |
|---------------|--|----------|
| A.            | Gross salary/wages   | \$ _____ |
|               | <b>(attach copies of your two most recent pay stubs)</b>                             |          |
|               | Rate of Pay \$ _____ per hour \$ _____ per week \$ _____ per month \$ _____ per year |          |
| B.            | Expenses paid for by your employer:  |          |
|               | 1. Automobile  | \$ _____ |
|               | 2. Auto expenses, such as gas, repairs, insurance                                    | \$ _____ |
|               | 3. Lodging   | \$ _____ |
|               | 4. Other (Explain) _____   | \$ _____ |
| C.            | Commissions/Bonuses  | \$ _____ |
| D.            | Tips   | \$ _____ |
| E.            | Self-employment Income (See below)   | \$ _____ |
| F.            | Social Security benefits   | \$ _____ |
| G.            | Worker's compensation and/or disability income                                       | \$ _____ |
| H.            | Unemployment compensation  | \$ _____ |
| I.            | Gifts/Prizes   | \$ _____ |
| J.            | Payments from prior spouse   | \$ _____ |
| K.            | Rental income (net after expenses)   | \$ _____ |
| L.            | Contributions to household living expense by others                                  | \$ _____ |
| M.            | Other (Explain:) _____   | \$ _____ |
|               | (include dividends, pensions, interest, trust income, annuities, or royalties)       |          |
| <b>TOTAL:</b> |  | \$ _____ |

**6. SELF-EMPLOYMENT INCOME (if applicable):**

If you are self-employed, attach of a copy of the Schedule C for your business from your last tax return, and the most recent income/expense statement from your business.

**7. SCHEDULE OF ALL MONTHLY EXPENSES:** **DO NOT LIST** any expenses for the other party, or child(ren) who live with the other party, **unless** you are paying those expenses. Use a monthly average for items that vary from month to month. If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HOUSING EXPENSES:**

|               |   |          |
|---------------|---|----------|
| 1.            | House payment: First Mortgage                   | \$ _____ |
|               | Second Mortgage                                 | \$ _____ |
|               | Homeowners Association Fee                      | \$ _____ |
|               | Rent  | \$ _____ |
| 2.            | Repair & upkeep                                 | \$ _____ |
| 3.            | Yard work/Pool/Pest Control                     | \$ _____ |
| 4.            | Insurance & taxes not included in house payment | \$ _____ |
| 5.            | Other (Explain) _____                           | \$ _____ |
| <b>TOTAL:</b> |   | \$ _____ |

**B. UTILITIES:**

- |               |                            |    |       |
|---------------|----------------------------|----|-------|
| 1.            | Water, sewer and garbage   | \$ | _____ |
| 2.            | Electricity                | \$ | _____ |
| 3.            | Gas                        | \$ | _____ |
| 4.            | Telephone                  | \$ | _____ |
| 5.            | Mobile phone/pager         | \$ | _____ |
| 6.            | Internet Provider          | \$ | _____ |
| 7.            | Cable/Satellite television | \$ | _____ |
| 8.            | Other (Explain:)           | \$ | _____ |
| <b>TOTAL:</b> |                            | \$ | _____ |

**C. FOOD:**

- |               |                                   |    |       |
|---------------|-----------------------------------|----|-------|
| 1.            | Food, milk and household supplies | \$ | _____ |
| 2.            | School lunches                    | \$ | _____ |
| 3.            | Meals outside home                | \$ | _____ |
| <b>TOTAL:</b> |                                   | \$ | _____ |

**D. CLOTHING:**

- |               |                                       |    |       |
|---------------|---------------------------------------|----|-------|
| 1.            | Clothing for you                      | \$ | _____ |
| 2.            | Uniforms or special work clothes      | \$ | _____ |
| 3.            | Clothing for children living with you | \$ | _____ |
| 4.            | Laundry and cleaning                  | \$ | _____ |
| <b>TOTAL:</b> |                                       | \$ | _____ |

**E. HEALTH INSURANCE:**

- |       |   |    |       |
|-------|---|----|-------|
| 1.    | Total monthly cost                                      | \$ | _____ |
| 2.    | Premium cost to insure you alone                        | \$ | _____ |
| 3.    | Premium cost to insure child(ren) common to the parties | \$ | _____ |
| 4.    | List all people covered by your dependent coverage:     |    | _____ |
| _____ |   |    |       |
| 5.    | Name of insurance company and Policy/Group Number:      |    | _____ |
| _____ |   |    |       |
| _____ |   |    |       |

**F. DENTAL INSURANCE:**

- |       |   |    |       |
|-------|---|----|-------|
| 1.    | Total monthly cost                                      | \$ | _____ |
| 2.    | Premium cost to insure you alone                        | \$ | _____ |
| 3.    | Premium cost to insure child(ren) common to the parties | \$ | _____ |
| 4.    | List all people covered by your dependent coverage:     |    | _____ |
| _____ |   |    |       |
| 5.    | Name of insurance company and Policy/Group Number:      |    | _____ |
| _____ |   |    |       |
| _____ |   |    |       |

**G. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:**

(Cost to you after, or in addition to, any insurance reimbursement)

- |               |                            |    |       |
|---------------|----------------------------|----|-------|
| 1.            | Drugs and medical supplies | \$ | _____ |
| 2.            | Other                      | \$ | _____ |
| <b>TOTAL:</b> |                            | \$ | _____ |

**H. CHILD CARE COSTS:**

1. Total monthly child care costs (Do not include amounts paid by D.E.S.) \$ \_\_\_\_\_
2. Name(s) of child(ren) cared for and amount per child:  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_
3. Name(s) and address(es) of child care provider(s):  
\_\_\_\_\_  
\_\_\_\_\_

**I. DO YOU PARTICIPATE IN A EMPLOYER PROGRAM FOR PRETAX PAYMENT OF CHILD CARE EXPENSES (Cafeteria Plan)?** YES ☐ NO ☐

**J. COURT ORDERED CHILD SUPPORT:**

1. Court ordered current child support for any **other** child(ren) **not** common to the petitioner and the respondent in **this** case: \$ \_\_\_\_\_  
Amount of any arrears payment \$ \_\_\_\_\_  
Amount per month actually paid in last 12 mos. \$ \_\_\_\_\_  
**Attach proof that you are paying.**
2. Name(s) and relationship of minor child(ren) that you support or who live with you, but who are **not** common to the petitioner and respondent in **this** case.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**L. EXTRAORDINARY EXPENSES :**

For **Children** (Educational Expense/Special Needs/Other): \$ \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
For **Self**: \$ \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**M. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

1. Car insurance \$ \_\_\_\_\_
2. List all cars and individuals covered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Car payment, if any \$ \_\_\_\_\_
4. Car repair and maintenance \$ \_\_\_\_\_
5. Gas and oil \$ \_\_\_\_\_
6. Bus fare/parking fees \$ \_\_\_\_\_
7. Other (explain): \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**N. MISCELLANEOUS:**

1. School and school supplies \$ \_\_\_\_\_
2. School activities or fees \$ \_\_\_\_\_
3. Extracurricular activities of child(ren) \$ \_\_\_\_\_
4. Church/contributions \$ \_\_\_\_\_
5. Newspapers, magazines and books \$ \_\_\_\_\_
6. Barber and beauty shop \$ \_\_\_\_\_
7. Life insurance (beneficiary: \_\_\_\_\_) \$ \_\_\_\_\_
8. Disability insurance \$ \_\_\_\_\_
9. Recreation/entertainment \$ \_\_\_\_\_
10. Child(ren)'s allowance(s) \$ \_\_\_\_\_
11. Union/Professional dues \$ \_\_\_\_\_
12. Voluntary retirement contributions and savings deductions \$ \_\_\_\_\_
13. Family gifts \$ \_\_\_\_\_
14. Pet Expenses \$ \_\_\_\_\_
15. Cigarettes \$ \_\_\_\_\_
16. Alcohol \$ \_\_\_\_\_
17. Other (explain): \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**8. OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but **do not include items listed in Item 7 "Monthly Schedule of Expenses"**. Follow the format below. Use additional paper if necessary.

| Creditor Name | Purpose of Debt | Unpaid Balance | Min. Monthly Payment | Date of your last Payment | Amount of your Payment |
|---------------|-----------------|----------------|----------------------|---------------------------|------------------------|
|               |                 |                |                      |                           |                        |
|               |                 |                |                      |                           |                        |
|               |                 |                |                      |                           |                        |
|               |                 |                |                      |                           |                        |
|               |                 |                |                      |                           |                        |

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
 Name of Petitioner Case Number \_\_\_\_\_

AND

**PARENTING PLAN FOR:**  
☐ **JOINT CUSTODY WITH JOINT  
CUSTODY AGREEMENT**  
**OR**  
☐ **SOLE CUSTODY**

\_\_\_\_\_  
 Name of Respondent

☐ Mother  
☐ Father

### INSTRUCTIONS

**This document has 3 parts:** PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

**One or both parents must complete and sign the Plan as follows:**

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

### PART 1: GENERAL INFORMATION:

**A. CHILDREN.** This Plan concerns the following children: (Use additional paper if necessary)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

- B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)
- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
- ☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**
- ☐ Mother or ☐ Father will be the primary custodial parent
- ☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**
- ☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.
- ☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

**PART 2: CUSTODY AND PARENTING TIME.** Complete each section below. Be specific about what you want the judge to approve in the court order.

- A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:
- ☐ The children will be in the care of Father as follows: (Explain).
- ☐ The children will be in the care of Mother as follows: (Explain).
- ☐ Other custody arrangements are as follows: (Explain).
- ☐ Transportation will be provided as follows:
- ☐ Mother or ☐ Father will pick the children up at \_\_\_\_\_ o'clock.
- ☐ Mother or ☐ Father will drop the children off at \_\_\_\_\_ o'clock.
- Parents may change their time-share arrangements by mutual agreement with at least \_\_\_\_ days notice in advance to the other parent.
- B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**
- ☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.)
- ☐ Each parent is entitled to a \_\_\_\_ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least \_\_\_\_ days in advance.

- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than \_\_\_\_\_ days without the prior written consent of the other parent or order of the court.

**C. HOLIDAY SCHEDULE:** The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

| Holiday                  |   | Even Years               |        | Odd Years                |        |
|--------------------------|---|--------------------------|--------|--------------------------|--------|
| <input type="checkbox"/> | New Year's Eve  | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | New Year's Day  | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Spring Vacation   | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Easter  | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | 4th of July   | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Halloween   | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Veteran's Day   | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Thanksgiving  | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Hanukkah  | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Christmas Eve   | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Christmas Day   | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Winter Break  | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Child's Birthday  | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father |
| <input type="checkbox"/> | Mother's Day will be celebrated with the Mother every year  |                          |        |                          |        |
| <input type="checkbox"/> | Father's Day will be celebrated with the Father every year.   |                          |        |                          |        |
| <input type="checkbox"/> | Each parent may have the child(ren) on his or her birthday.   |                          |        |                          |        |
| <input type="checkbox"/> | Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend. |                          |        |                          |        |
| <input type="checkbox"/> | Other Holidays (Describe the other holidays and the arrangement.)   |                          |        |                          |        |

- ☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours
- ☐ Other (Explain)

**D. PARENTAL ACCESS TO RECORDS AND INFORMATION:** Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

**E. EDUCATIONAL ARRANGEMENTS:**

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**F. MEDICAL AND DENTAL ARRANGEMENTS:**

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**G. RELIGIOUS EDUCATION ARRANGEMENTS:**

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the \_\_\_\_\_ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

**H. ADDITIONAL ARRANGEMENTS AND COMMENTS:**

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within \_\_\_\_\_ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren)
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren)

- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***"Parenting Plan/Access Agreement"*** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

**NOTICE TO PARENTS:** Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

**I. SIGNATURE OF BOTH PARTIES**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):**

- A. ☐ JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every \_\_\_\_\_ months from the date of this document.
  - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
    - a.** The best interests of the child(ren) are served;
    - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
    - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
    - d.** The Plan includes a procedure for periodic review;
    - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
    - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

**B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Representing: ☐ Self ☐ Attorney  
State Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA**  
**IN \_\_\_\_\_(2) COUNTY**

(3) \_\_\_\_\_ )  
Petitioner/Plaintiff, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )  
VS. \_\_\_\_\_ )  
\_\_\_\_\_) )  
(4) \_\_\_\_\_ )  
Respondent/Defendant, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )

Case No. (5) \_\_\_\_\_

ATLAS No. \_\_\_\_\_

**PARENT'S WORKSHEET  
FOR CHILD SUPPORT AMOUNT**

Prepared By:  
(6) ☐ Father ☐ Mother  
☐ Court ☐ State

**MONTHLY GROSS INCOME**

**Total Monthly Gross Income**

(7) Estimated/Attributed to: ☐ Father ☐ Mother  
(Explanation is required on the sheets following  
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

\_\_\_\_\_ ( 8) \_\_\_\_\_

**ADJUSTMENTS TO MONTHLY GROSS INCOME**

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid \_\_\_\_\_ ( 9) \_\_\_\_\_

Court-Ordered Child Support Actually Paid or \_\_\_\_\_ (10) \_\_\_\_\_

Contributed for Children of Other Relationships \_\_\_\_\_ (11) \_\_\_\_\_

Cost of Supporting Children of Other Relationships \_\_\_\_\_ (12) \_\_\_\_\_  
(Explanation is required on the sheets following the  
signature page at Item 11)

**Adjusted Monthly Gross Income for Each Parent** \_\_\_\_\_ (12) \_\_\_\_\_  
(add or subtract lines 9 through 11 from line 8)

**COMBINED ADJUSTED MONTHLY GROSS INCOME**

Add both amounts from line 12 together.

(13) \_\_\_\_\_

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

### **BASIC CHILD SUPPORT OBLIGATION**

Number of children for whom support is requested: (14) \_\_\_\_\_  
provide details on the sheets following the  
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) \_\_\_\_\_

### **ADJUSTMENTS FOR NECESSARY EXPENSES**

You may need to complete items 30-31; (Explanation is required  
on the sheets following the signature page.)

|  | <u>Father</u> | <u>Mother</u> |
|--|---------------|---------------|
| Medical/Dental Insurance Costs for Children          | _____ (16)    | _____         |
| Child Care Costs                                     | _____ (17)    | _____         |
| Adjusted for Tax Credit                              | _____ (17a)   | _____         |
| Extra Education Costs                                | _____ (18)    | _____         |
| Extraordinary/Special Needs Child Costs              | _____ (19)    | _____         |
| Court-Ordered Visitation/Exchange Costs              | _____ (20)    | _____         |
| Number of Child(ren) 12 and Over _____ 0 - 10% _____ | (21)          | _____         |
| <b>Total Adjustments for Necessary Expenses</b>      | (22)          | _____         |

### **TOTAL CHILD SUPPORT OBLIGATION**

Total Child Support Obligation (add lines 15 and 22) (23) \_\_\_\_\_

### **EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME**

|  | <u>Father</u> | <u>Mother</u> |
|--|---------------|---------------|
| Calculate for each parent:   |               |               |
| Parents' Adjusted gross income (from line 12)                                      | _____ (24)    | _____         |
| Combined adjusted gross income (from line 13)                                      | _____ (25)    | _____         |
| Parents' Adjusted gross income DIVIDED BY<br>combined adjusted gross income EQUALS | _____ % (26)  | _____ %       |

### **EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION**

Calculate for each parent:

|   |              |         |
|---|--------------|---------|
| Total child support obligation (from line 23)               | _____ (27)   | _____   |
| Percentage of combined adjusted gross income (from line 26) | _____ % (28) | _____ % |



Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation \_\_\_\_\_ (29) \_\_\_\_\_

**COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:**

Father

Mother

**ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION**

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days \_\_\_\_\_ Per year (Explain on page 7)

Visitation Table Percentage \_\_\_\_\_ X Line 15 = \_\_\_\_\_ (30) \_\_\_\_\_

**MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT**

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] \_\_\_\_\_ (31) \_\_\_\_\_

**CHILD CARE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) \_\_\_\_\_ (31) \_\_\_\_\_

**EXTRA EDUCATION ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) \_\_\_\_\_ (31) \_\_\_\_\_

**EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) \_\_\_\_\_ (31) \_\_\_\_\_

**COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) \_\_\_\_\_ (31) \_\_\_\_\_

**ADJUSTMENTS SUBTOTAL**

Add lines 30 and 31. \_\_\_\_\_ (32) \_\_\_\_\_

**PRELIMINARY CHILD SUPPORT AMOUNT**

Deduct line 32 from line 29. \_\_\_\_\_ (33) \_\_\_\_\_

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

|   | <u>Father</u> | <u>Mother</u> |
|---|---------------|---------------|
| <b><u>EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL</u></b>   |               |               |
| Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page. | _____ (34)    | _____         |

|   |            |       |
|---|------------|-------|
| <b><u>MULTIPLE CHILDREN, DIVIDED CUSTODY</u></b>  |            |       |
| Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page. | _____ (35) | _____ |

|  |                 |           |
|--|-----------------|-----------|
| <b><u>SELF-SUPPORT RESERVE TEST</u></b>            |                 |           |
| Paying parent's Adjusted Gross Income from line 12 | _____ (12)      | _____     |
| Minus reserve                                      | ( \$710 ) (36a) | ( \$710 ) |
| Minus arrears                                      | ( ) (36b)       | ( )       |
| RESULT   | _____ (37)      | _____     |

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

|  |            |       |
|--|------------|-------|
| <b><u>AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY<br/>BASED ON THESE CALCULATIONS</u></b>  |            |       |
| Enter the lesser of the amounts shown on line 33, 34, 35 or 37.  | _____ (38) | _____ |
| <b><u>DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT</u></b>   |            |       |
| If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page. | _____ (39) | _____ |

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

\_\_\_\_\_ (40) \_\_\_\_\_

**Mother**

Percentage of uninsured medical expenses that each parent should pay. \_\_\_\_\_ (41) \_\_\_\_\_

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date \_\_\_\_\_ Signature of Person Filing \_\_\_\_\_ (42)

State of Arizona                 )  
  )ss.      Acknowledged before me on this date: \_\_\_\_\_  
County of                                 )

My Commission Expires: \_\_\_\_\_  
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney Filing

**( 7 ) Estimated/Attributed Income** - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

**(11) Cost of Supporting Children of Other Relationships** - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

(11 – cont.) Name(s)

Date(s) of Birth(s)

Social Security Number(s)

---

---

---

---

**(14) Children for whom Support is Requested** - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)

Date(s) of Birth

12 or over  
Y / N

Social Security Number(s)

---

---

---

---

**(17) Child Care Costs** - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

**Custodial Parent**

Monthly Child  
Care Costs

X

Number  
of months

=  
Annual  
Cost

X .75

=  
Adjusted  
Cost

÷ 12 =

Adjusted  
Monthly Cost

X \_\_\_\_\_ = \_\_\_\_\_ X .75 = \_\_\_\_\_ ÷ 12 = \_\_\_\_\_

**Non-custodial Parent**

Monthly Child  
Care Costs

X

Number  
of months

=  
Annual  
Cost

÷ 12 =

Adjusted  
Monthly Cost

X \_\_\_\_\_ = \_\_\_\_\_ ÷ 12 = \_\_\_\_\_

**(21) Child 12 and Over** - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

**(30) Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods \_\_\_\_\_ days

Weekend periods \_\_\_\_\_ days

Holidays periods \_\_\_\_\_ days

Midweek periods \_\_\_\_\_ days

School breaks \_\_\_\_\_ days

Other periods \_\_\_\_\_ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

**(34) Equal Time Sharing, Unequal Incomes** – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

Divide the Amount of the Result by 2 (Result ÷ 2) = \_\_\_\_\_

**(35) Multiple Children, Divided Custody** – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

**(39) Deviation From the Guidelines Support Amount** - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

**Requested Support Amount: \$** \_\_\_\_\_

**(40) Visitation-Related Travel Expenses** - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. (Guidelines 16)

**Federal Tax Exemption** - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing: ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

\_\_\_\_\_  
Name of Respondent

Case Number \_\_\_\_\_

**TEMPORARY ORDER REGARDING**

☐ Spousal Maintenance/Support  
☐ Property and/or debt  
☐ Child Custody and/or Visitation  
☐ Child Support  
☐ Other: \_\_\_\_\_

**NOTICE:** This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact an attorney for help.

### THE COURT FINDS:

1. A sworn "**Petition for Temporary Orders**" was filed with the court. The court read the Petition, scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.
2. This court has jurisdiction to enter temporary orders regarding property, debt, spousal maintenance/support, child custody, visitation, and/or child support, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to property, debts, spousal maintenance/support, child custody, visitation and/or child support.

3. This Order applies to these child(ren):

NAME OF CHILD(REN)

BIRTH DATE AND AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ☐ (Applicable only if child support, spousal maintenance/support, and/or medical insurance premiums are ordered to be paid or reimbursed) This order is based on the best interests of the minor child(ren), and/or on the inability of the party who shall receive payments to support him/herself or maintain this action without financial assistance from the party ordered to pay.
5. ☐ **DEVIATION FROM CHILD SUPPORT:** The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reasons:

- ☐ Application of the guidelines is inappropriate  
☐ Application of the guidelines is unjust  
☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

**The court makes the following finding regarding the deviation:**

- ☐ The child support order would have been \$ \_\_\_\_\_  
☐ The child support order after deviation is \$ \_\_\_\_\_  
☐ All parties have signed the agreement free of duress and coercion. \$ \_\_\_\_\_

6. ☐ **PHYSICAL CUSTODY ADJUSTMENT, COURT APPROVED DISCRETIONARY VISITATION ADJUSTMENT and/or OTHER ADJUSTMENTS.** (The court must make written findings if any of these adjustments are made.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The court finds that the person responsible for paying child support has the ability to pay child support

- ☐ In the amount entered on Line 34 of the Worksheet for \$ \_\_\_\_\_  
☐ In an adjusted amount calculated using the self-support reserve on line 35 of the Worksheet for \$ \_\_\_\_\_

7. ☐ **SUPERVISED OR NO VISITATION:** (if applicable) Supervised visitation between the child(ren) and ☐ Mother or ☐ Father or ☐ Other, **or** no visitation by ☐ Mother or ☐ Father or ☐ Other is in the best interests of the child(ren) for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE COURT ORDERS:**

**A. CUSTODY AND VISITATION:**

- ☐ **Temporary Joint Legal Custody.** There have been no significant acts of domestic violence. Mother and Father are hereby awarded temporary joint legal custody of the minor child(ren) subject to ☐ Maricopa County Parent/Child Access Guidelines or ☐ the attached Parenting Plan.

**OR**

- ☐ **Temporary Sole Custody.** Mother is awarded the temporary sole custody of \_\_\_\_\_ and/or Father is awarded the temporary sole custody of \_\_\_\_\_ subject to visitation as follows:

1. ☐ **Reasonable visitation** to the parent who does not have custody according to the Maricopa County Parent/Child Visitation/Access Guidelines. **(OR)**
2. ☐ **Reasonable visitation** to the parent who does not have custody according to the Parenting Plan attached. **(OR)**
3. ☐ **Supervised visitation** but only in the presence of another person, who is named below or otherwise approved by the court.

Name of supervisor: \_\_\_\_\_

Restriction on visitation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The cost of supervised visitation shall be paid by:

☐ Mother or ☐ Father or ☐ Other shared equally by the parties. **(OR)**

4. ☐ **No visitation** rights to ☐ Mother or ☐ Father or ☐ Other.

**B. CHILD SUPPORT.** ☐ Mother or ☐ Father shall pay child support to the other party in the amount of \$\_\_\_\_\_ per month payable on the first day of each month, beginning the first day of month following the signing of this Order until further order of the court. Child Support is based on the information in the Child Support Worksheet attached hereto and incorporated by reference. All child support payments shall be made through the Clerk or the Court/Clearinghouse, plus an applicable statutory fee by the Order of Assignment signed this date.

**C. ☐ MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES.** ☐ Mother or ☐ Father is ordered to provide medical and dental insurance for the minor child(ren). All uninsured medical and dental expenses shall be paid as follows: \_\_\_\_\_ % by Mother, and \_\_\_\_\_ % by Father.

**D. ☐ SPOUSAL MAINTENANCE/SUPPORT** shall be paid by ☐ Petitioner to Respondent **OR** by ☐ Respondent to ☐ Petitioner in the amount of \$\_\_\_\_\_ per month, due on or before the \_\_\_\_\_ day of every month until further order of this court.

**E. ☐ PETITIONER SHALL BE GRANTED THE EXCLUSIVE USE AND POSSESSION OF THE FOLLOWING PROPERTY:**

☐ Residence located at: \_\_\_\_\_  
☐ Car described as: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**F. ☐ RESPONDENT SHALL BE GRANTED THE EXCLUSIVE USE AND POSSESSION OF THE FOLLOWING PROPERTY:**

☐ Residence located at: \_\_\_\_\_  
☐ Car described as: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**G. ☐ THE FOLLOWING DEBTS** shall be paid by **Petitioner.**

| DEBT  | AMOUNT | TO WHOM OWED |
|-------|--------|--------------|
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |

**H. ☐ THE FOLLOWING DEBTS** shall be paid by **Respondent.**

| DEBT  | AMOUNT | TO WHOM OWED |
|-------|--------|--------------|
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |



I. ☐ **OTHER ORDERS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. **LENGTH OF THIS ORDER:** This order shall continue (check one box)  
☐ Until further order of this court, OR  
☐ Until (date): \_\_\_\_\_

**DONE IN OPEN COURT:** \_\_\_\_\_  
JUDGE/COMMISSIONER OF THE SUPERIOR COURT

**THE SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

(1) \_\_\_\_\_ )  
Petitioner/Plaintiff )  
vs ) (3) Case No. \_\_\_\_\_  
(2) \_\_\_\_\_ ) (4) Atlas No \_\_\_\_\_  
Respondent/Defendant )

**ORDER OF ASSIGNMENT**

TO: CURRENT AND FUTURE EMPLOYERS OR OTHER PAYORS OF:

(5) Name: \_\_\_\_\_ SSN: \_\_\_\_\_

THIS ORDER MODIFIES AND REPLACES ANY PREVIOUS **"ORDER OF ASSIGNMENT"** WITH THE SAME CASE NUMBER.

You shall withhold court-ordered payments as follows:

|   |                    |
|---|--------------------|
| Current Child Support                   | \$ _____           |
| Current Spousal Maintenance/<br>Support | \$ _____           |
| Payments on Arrears/Interest            | \$ _____           |
| Clearinghouse Handling Fee              | \$ 2.25 per month* |

TOTAL AMOUNT per month \$ \_\_\_\_\_ but no more than 50% of disposable earnings (A.R.S. § 33-1131). \*The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of ninety (90) continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by this **"Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

**You shall not discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."**

The above ATLAS number and employee's name must appear on the Transmittal Form or check. Make checks payable to - and send to:  
Support Clearinghouse, PO Box 52107, Phoenix, AZ 85072-2107.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judicial Officer or Clerk of Superior Court

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

## JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY\*)

**ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.**

### PERSON TO RECEIVE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

### PERSON TO MAKE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS:** Firm Name: \_\_\_\_\_

Payroll Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILDREN:

| Name | Gender (M/F) | Date of Birth | Social Security No. (if available) |
|------|--------------|---------------|------------------------------------|
|------|--------------|---------------|------------------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

☐ Additional children listed on attached sheet.

### FOR COURT USE ONLY

Order Date: \_\_\_\_\_

Current Child Support

Amount \_\_\_\_\_

Frequency \_\_\_\_\_

Due Date \_\_\_\_\_

Arrearages

Amount \_\_\_\_\_

Frequency \_\_\_\_\_

Total \_\_\_\_\_

Thru Date \_\_\_\_\_

Due Date \_\_\_\_\_

Current Spousal Maint.

Amount \_\_\_\_\_

Frequency \_\_\_\_\_

Total \_\_\_\_\_

Due Date \_\_\_\_\_

Type of Order: \_\_\_\_\_

Arrearages

Amount \_\_\_\_\_

Frequency \_\_\_\_\_

Total \_\_\_\_\_

Thru Date \_\_\_\_\_

Due Date \_\_\_\_\_

Miscellaneous

Med Ins \_\_\_\_\_

Frequency \_\_\_\_\_

Med Bills \_\_\_\_\_

Frequency \_\_\_\_\_

Due Date \_\_\_\_\_